

## IV

### CLINIC PROBLEMS—CLINICAL AND ADMINISTRATIVE

THE DEFAULTING SEAMAN. By DR. HANSHELL.  
THE DEFAULTING PROSTITUTE. By MR. HAMISH NICOL

#### DISCUSSION

DR. ANWYL DAVIES said that these two papers bristled with difficulties. He had been much interested in Dr. Hanshell's psychological treatment with acriflavin ; was that chosen because it was the best dye ? (Dr. Hanshell : " All the patients had already chosen methylene blue.")

In his own clinic—and it seemed to be much the same in Dr. Hanshell's—droves of Lascars came up, half a dozen at a time led by their interpreter. They attended for three or four days and then disappeared. It was difficult to know how they could be treated on board ship when there was so little privacy ; the Lascars did not mind very much, but the white seamen objected.

Nowadays, professional prostitutes preferred to be kept in a flat by some half a dozen men. She did not go out so much to solicit practice and was not so dangerous to the community as the girl on the streets. Still, she was liable to be infected by any one of the six patrons. He did not see how such a girl could be kept under any sort of jurisdiction and control. The Medical Officer of Health for Amsterdam said he had cleared his streets of prostitutes, and it was difficult for a girl known to be such to obtain a flat for these purposes ; but what he could not combat was when girls constantly changed their rooms, which they engaged on ground floors, where they kept watch at the window for passers-by. That, luckily, did not apply much in this country, though at certain sea-ports it was done. Four or five years ago few prostitutes attended the London Hospital Clinic, but latterly their numbers were increasing, as they realised that they were not treated harshly there. One prostitute who lived near the London Hospital kept a man on the curb outside, who, when her clients came out, warned them that the

## CLINIC PROBLEMS

best thing they could do was to come round to the clinic for an irrigation. It was her method of safeguarding her clientele.

A mishap which could not be avoided was when a patient who had caught a fresh infection tore up her old card, as she did not like to admit that she was an old patient. Often, however, the clerk at the clinic recognised her.

Another menace, due to increasing transport facilities, was that of the lorry girl. He would like to know how many lorry girls the superintendents of other clinics saw? Such a girl had no rent to pay, she had her food at coffee stalls, and slept in a lorry, and was passed from one lorry driver to another. Only on her sporadic visits to towns could she obtain treatment.

Mr. HAMISH NICOL said he could not agree with Dr. Anwyl Davies that the professional prostitute was now non-existent. At Chatham, Rochester and Gravesend the Public Houses were practically full of them. There were probably many reasons why they did not go to the clinics. The amateur prostitute looked down on her professional sister, and when the latter went to the clinic she made things unpleasant for her, and this is one of the reasons why the professional does not attend. This attitude seems illogical, to say the least of it. After all, both classes were suffering from venereal disease, and both had contracted it in exactly the same way.

With regard to seamen: If a man showed his V.44 to the Medical Officer of a ship, he was not signed on, and had difficulty in getting a ship. The speaker saw many seamen who went to Australia, and they said it was difficult to get to the clinics on the other side, and they got no treatment at all during the voyage. The majority, when they came home, brought the V.44 with no entries. He provided these men with pot. permang. tablets or mercury pills, as the case may be, and told them how to treat themselves until they returned. Dr. Anwyl Davies had not solved the speaker's problem.

Dr. DRUMMOND SHIELDS said he was interested in the problem of the defaulter from the administrative point of view, and especially as affecting seamen. It was true that with civilian patients ignorance of significant signs and symptoms was common, and there was also need for more information as to the seriousness of neglect. Sea-

## BRITISH JOURNAL OF VENEREAL DISEASES

men probably had more knowledge of these matters from their travel and experience, and by reason of pamphlets and lectures often given them. He was recently in Newport, and the medical officer of the clinic there said that the men had now more difficulty in obtaining treatment because of the increasingly rapid turn-round of the ships for the return voyage, with the object of making them as lucrative as possible.

Dr. Hanschell had spoken of the lack of irrigation facilities for the men on board ships ; that, of course, was a scandal ; in this respect British ships were falling behind those of other nations. He thought the Board of Trade might well do a little more to see that our ships were turned out with provision for more privacy in sanitary and washing arrangements for the men ; they would probably reply that while the shipping depression lasted it was not the time to enforce these things.

The scheme mentioned by Dr. Hanschell was a very commendable one ; perhaps it had more effect psychologically than otherwise. Patients were much impressed if an obvious human interest was being taken in their case, and inquiries about the ship's return, etc., convinced men that they were wanted and would be well served at the clinic. Dr. Hanschell had said nothing about default due to lack of information ; that might be because the arrangements for information at London Docks were so good. In many ports, however, this was a definite cause of default ; information was defective, the arrangements were not suitable, and the clinic was often not convenient.

With regard to prostitutes, he had been much impressed by a scheme which Dr. Fairfield told him of, which is running in, at least, one L.C.C. hospital, where an effort is made to get prostitutes to take indoor treatment. Later, they select those who can be trusted to attend an outdoor clinic, and try to detain those who are not likely to be good attenders at a clinic. In order to retain these prostitutes in the hospital, it is made as attractive as possible. An education officer comes to give simple instruction, there are talks about newspaper articles and other interesting topics, and a good deal of useful and attractive needlework is done, the material being supplied free. The scheme has worked excellently and there is now no difficulty in getting the

## CLINIC PROBLEMS

girls to remain until the treatment is complete. The psychology of the patient needs as much study as the morbid physical condition.

Dr. OSMOND said he did not see prostitutes much, but he had been under the impression since the War that the amateur was tending, largely, to outnumber the professional. The former, he thought, could be got at by some form of social service, an extension, indeed, of the almoner service. That was done in France, where patients were followed up to their homes, and they came for treatment in good numbers. If professionals could be given in-patient treatment it was more satisfactory ; he took it that the chief difficulty was one of finance.

Dr. DAVID NABARRO said he had listened with much interest to the two addresses which opened the meeting. Neither seamen nor prostitutes came much into his province.

One suggestion which might be of help to Dr. Nicol was the following. He had talked of giving a supply of pills to the patients, and the speaker would ask, Why not give them a supply of stovarsol ? He, Dr. Nabarro, had used that in the treatment of congenital syphilis ; he was not able to say, yet, that it cured the condition, but it was a form of arsenic convenient to give. It should be given under supervision. A few weeks of such treatment, alternated with mercury, would be better than no treatment at all.

He was sometimes asked whether he did not find that congenital syphilis was diminishing ; it might be diminishing a little, but he was disappointed that it was so little. It might be because prostitutes did not have sufficient treatment, and so still infected the men. Otherwise, seeing how many years clinics had now been instituted, and the amount of arsenic, bismuth, and mercury treatment which had been given, the mass reduction of the disease did not seem at all commensurate.

He had no suggestions to offer as to how this condition of things was to be remedied. Of course, if institutional treatment could be arranged that would be helpful, and he agreed with the remarks as to the importance of the personal touch in all clinic work. That was easier in a small clinic than in a large one ; in the latter one had to be largely impersonal, but there was no occasion to be unkind.

## BRITISH JOURNAL OF VENEREAL DISEASES

He would like to urge that every care should be taken over every individual injection, whatever or whoever the patient, as they were all human. He always withdrew the piston three or four times to ensure that he was actually injecting into the vein ; if that were always done there would be less sore arms where the material had been injected into tissue around the vein. That kind of thing made patients shy of coming. These patients had enough to put up with even when everything was done expertly.

Mr. V. E. LLOYD said that at Guy's Hospital he treated foreign seamen from ships plying between London and the Baltic ports. The co-operation between the various ports and the treatment for syphilis were excellent, partly due to the short voyages, but very largely due to the interest taken by the ship's doctor or the ship's captain who frequently conducted the seaman to the clinic.

In his experience with seamen, the facilities for the treatment of syphilis at the Australian port clinics was reputed to be excellent. On these long voyages treatment was inevitably more irregular and he felt that the results of treatment for syphilis in these seamen would never attain perfection with the present-day remedies owing to the long intervals between injections.

The amount of venereal infection among long-distance lorry drivers appeared to be less now than formerly.

A few years ago syphilis and gonorrhœa were rife among lorry drivers, particularly those travelling by night on the main midland traffic routes.

Dr. McELLIGOTT said that for the last five years he had been medical officer in a clinic at a very important lorry port, Stoke-on-Trent, and though there was a large population of potters and colliers in 1928 to 1933, 20 per cent. of all his male patients were lorry drivers. It was not uncommon for a lorry to drive up to the clinic and a man to come in from it, this being followed by an awkward pause, when a female would appear at the female entrance. Girls slept in the back of the lorry, and when the vehicle came to its destination these girls would stay outside the town in a café, and later board another lorry in the opposite direction. They stopped short of big towns, from fear that the police might see them. In that way many of these girls spent their lives entirely on the high road. On the journey south they would

## CLINIC PROBLEMS

seldom go further than Barnet. If they did not happen to strike a clinic *en route* they received no treatment at all.

He agreed with Captain Osmond about getting at the prostitute type of girl through the social worker. In his own district, Paddington, which might be called the prostitutes' Paradise, prostitutes attending his clinic were among the best of the patients, and they were most grateful for what was done for them. They put up with more than the average shop-girl, they expected to be hurt, and when this did not happen they were agreeably surprised and very grateful.

Dr. WILSON asked whether any attempt had been made to get hold of ships' doctors through the chiefs of the different liners. His experience with sailors, as with soldiers, was that if they found they were not bound and they had confidence in one's treatment, they would return for further treatment. A certain proportion, however, for some reason, did not come back.

He was not able to speak, from contact, of prostitutes, but he had been given to understand that there were still plenty of them.

The PRESIDENT extended her thanks to the speakers for their interesting and provocative remarks, as that was the purpose of the papers, to encourage members to think, to pass on their experiences, and also their impressions. It was only by pooling experiences that progress would be made.

She had had little to do with seamen, and at the Royal Free Hospital Clinic she saw few seamen's wives, though they saw soldiers' wives there.

The prostitute was altogether a different proposition. At her clinic the professional prostitute was met with in small numbers, and sometimes the professional was not recognised as such; the amateur was always about, and her alleged occupation varied between chorus girl, cinema attendant, and club hostess in the Tottenham Court Road district. From these girls it was difficult to secure regular attendance. Some, however, were extremely friendly, and the Royal Free Clinic was a friendly centre; she tried to make it cheerful, and the talk to patients was not of a highly professional or stiff character. A proportion of the prostitutes she had met tended to have an inferiority complex, and that led them to be very rude to

## BRITISH JOURNAL OF VENEREAL DISEASES

the superintendent, and to complain roughly if they had been kept waiting. Some were very grateful for everything which was done for them, but others seemed to be looking for trouble. One said to the speaker, "I don't want to come here, I'll go to a man's clinic." The help of a trained social worker was of great value. In a great proportion of cases the amateur detested the social worker; she resented any inquiries into her life, and so having a social worker at the clinic might deter some patients of that type from attending.

The lorry-girl patient was a great blight, and she feared that she was very difficult to deal with, especially as she left the lorry before it reached the big centres. Moreover, these were young and ill-educated girls who were badly equipped to earn their living in competitive circles. The admission of such cases to hospital was a moot point; there were not enough hospital beds available for all of them. If they became pregnant they could go to a Hostel, which was also refuge and home. If they were not pregnant they resented the mild discipline of a Hostel, such as getting up early, doing needlework, etc. The spice of adventure was absent in Hostel life.

Dr. HANSHELL said he would like to make further reference to one or two points before Colonel Harrison replied.

Mr. Nicol had said about the V.44, that if it were shown to the ship's surgeon its bearer would not be signed on. It was therefore often destroyed. He, Dr. Hanshell, always warned the seaman not to show the V.44 till he was well away from port, and never to show it in New York—there it was a passport for Ellis Island. In fact, the ship's surgeon helped the man to obtain treatment at a centre in the next port of call. He received notes brought by men from ship's surgeons expressing regret that the writer had no forms to fill up, revealing that the kind of form required was well known. Seamen had complained that the holder of V.44 was liable to be sent ashore for treatment at a centre which might be miles inland. They sometimes declared that it was of no use to land at such a port. The boarding medical officers at Gravesend handed out to the crews leaflets issued on the subject by the Port of London Authority, giving directions where to go for treatment of V.D. A considerable number came to the V.D. Centre at Albert

## CLINIC PROBLEMS

Dock, with a form signed by one of the boarding medical officers.

In these matters the Japanese were always very good. The Japanese V.D. patients presented a statement about the treatment which had been given, often asking for a serum test, or prostatic smear: and on those ships the ship's surgeons gave efficient treatment.

Colonel HARRISON, in replying on the papers and the discussion, said the subject, especially concerning the defaulting seamen, had been of great interest to him. It afforded him an opportunity of saying what was being done to make it possible for the seaman to obtain his treatment more regularly and systematically than in the past. For a number of years the Office International d'Hygiène Publique had been interested in the question of obtaining free treatment for seamen who were suffering from venereal diseases, and the result was the Brussels Agreement under which seamen suffering from venereal disease were treated free of charge, whatever their nationality. In the last year or so there had been a review of the working of this Agreement. Among other things, the personal card (our Form V.44) which had been alluded to in this discussion, had been revised, and a new form would soon be in circulation. This new form had cost Dr. Morgan and himself much thought and labour, and he hoped it would be welcomed as an improvement on the original, as it would introduce a more or less common language in the notes of cases. A short time ago a questionnaire was sent out from the Ministry of Health, asking medical officers in clinics and ports their experiences on the treatment of seamen generally. From those officers much useful information was derived. They were especially asked how sailors suffering from syphilis fared in the matter of regularity of treatment, and the opinion was generally expressed that it would be very good if some central authority would send out recommendations for standard courses of treatment, calculated to suit the different circumstances of seamen. Therefore he and his colleagues thought they would go a stage further and formulate certain schemes of treatment. The idea was that, if agreement could be reached on a number of standard courses of treatment, when a seaman reported sick with syphilis at a centre, the M.O. at that centre would judge his circumstances and which of the



## BRITISH JOURNAL OF VENEREAL DISEASES

standard courses would best suit the case. He would start the patient's treatment on the lines set out in the programme that was chosen, and it would be for the succeeding clinics to continue it. Critics had prophesied that nobody would be able to draw up any forms of treatment on which agreement was likely. But he, the speaker, reflected that someone must make a start, and a few months ago he had ventured to put up a number of programmes as a basis of discussion. The criticisms so far received had been various. From Roumania he heard that the lines of treatment proposed were too short, while a German opinion was that they were too long. He had expected criticism but believed that out of the general discussion something good would be hammered out.

He had been interested to hear Dr. Nabarro suggest stovarsol, as there were circumstances under which it was necessary to give the seaman some treatment by mouth. The majority of British ships carried no ship surgeon at all, and the question arose as to the amount of treatment which could be given by mouth. He had been unable to make up his mind on the wisdom of allowing men to take stovarsol tablets for many weeks without medical supervision.

It was interesting to hear Dr. Hanschell say the seaman desired treatment and was not the careless fellow he was often reputed to be ; from his own observation he had arrived at a similar conclusion.

An important point was the removal of the penalty for contracting venereal disease ; too many examples were met with of this penalty, such as refusal to sign on men who were known to have contracted venereal disease on a former voyage. Removal of all penalties would do much to make the treatment of syphilis more regular. Swedish sea captains were bound to disclose to their crews the addresses of clinics at the ports, and the speaker thought that rule might well be extended.

With regard to the remark of Dr. Nabarro as to the unnecessary pain due to bad injections, he did not think this often occurred, and he thought it was wrong to suggest that there was not the human touch at clinics. Admittedly, some M.O.'s were unsympathetic and that was a great pity, but generally the relations between patient and doctor were good.

## CLINIC PROBLEMS

He would welcome any suggestions which could be sent to him, as he felt sure that in this way much improvement could be effected. These things should be worked out, not so much from the office chair, as from practical experience. He had always regarded the problem of the prostitute as almost insoluble. The amateur could be dealt with by a good social service and the human touch. Hardened prostitutes, however, frequently moved and got out of reach. The only remedy seemed to be to educate the men as to their carelessness, and convince them that such women were to be avoided as dangerous members of the community. Compulsion could not be introduced, and even if it could, it would not solve the problem. It must be made plain that sufferers from these diseases who did not attend regularly for treatment were a public danger, and it was to be hoped that such people would be avoided by their fellows.

For the lorry girls it seemed as if a lorry clinic would be required.

On the motion of the President a cordial vote of thanks was accorded to the openers and subsequent speakers.